



818 S. Padre Island Dr.
 Corpus Christi, TX 78416
 (361)-851-2310 Fax (361)-851-9710
 "Your Full Line Convenience Store Supplier"
 "Where Service Comes First"



Authorization Agreement for Direct Payments (ACH Debits)

Company Name _____ Wencar Account # _____

I (we) hereby authorize WENCAR, INC., hereinafter called the "COMPANY", to initiate debit transactions to my (our) Checking Account / Savings Account (Select One) indicated below at the depository financial institution named below, hereafter called the "DEPOSITORY" and to debit such account as needed. I (we) understand that **COMPANY** will notify by me (us) by fax or e-mail prior to the debit providing the date and amount to be debited. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Print Authorized _____ Authorized _____
 Signature _____ Signature _____ Date _____

Contact Information

Please notify the following prior to an ACH draft:

Contact Name _____ E-Mail _____ Fax _____
 Contact Name _____ E-Mail _____ Fax _____
 Contact Name _____ E-Mail _____ Fax _____

Please draft the following store (s) on the day indicated below: (please list each Wencar account number)

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____